

**OFFICIAL FILE COPY**

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER:  <b>01-11</b>	2. STATE  <b>Louisiana</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE  <b>July 1, 2001</b>	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

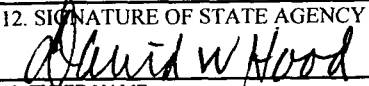
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  <b>42 CFR 447.321</b>	7. FEDERAL BUDGET IMPACT: a. FFY <u>2001</u> <b>\$ 2,439.63</b> b. FFY <u>2002</u> <b>\$ 9,799.66</b>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-B, Item 2.a., Page 1</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Same (TN 00-43)</b>

10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to revise the reimbursement methodology for outpatient surgery services to reflect the allocation of additional funds by the 2001 Regular Session of the Legislature.**

11. GOVERNOR'S REVIEW (Check One):

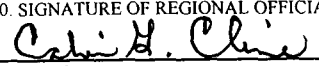
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ OTHER, AS SPECIFIED: **The Governor does not review**☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED**state plan material.**☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:  <b>State of Louisiana Department of Health and Hospitals 1201 Capitol Access Road PO Box 91030 Baton Rouge, LA 70821-9030</b>
13. TYPED NAME:  <b>David W. Hood</b>	
14. TITLE:  <b>Secretary</b>	
15. DATE SUBMITTED:  <b>September 18, 2001</b>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <b>27 SEPTEMBER, 2001</b>	18. DATE APPROVED: <b>13 NOVEMBER, 2001</b>
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  <b>1 JULY 2001</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME:  <b>CALVIN G. CLINE</b>	22. TITLE: <b>ASSOCIATE REGIONAL ADMINSTRATOR DIV OF MEDICAID AND STATE OPERATIONS</b>

23. REMARKS:



**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**Centers for Medicare & Medicaid Services**  
**Division of Medicaid and State Operations, Region VI**

1301 Young Street, Room 827  
Dallas, Texas 75202  
Phone (214) 767-6301  
Fax (214) 767-0270

November 13, 2001

Our Reference: SPA-LA-01-11

Mr. Ben Bearden, Director  
Bureau of Health Services Financing  
Department of Health and Hospitals  
Post Office Box 91030  
Baton Rouge, Louisiana 70821-9030

Dear Mr. Bearden:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 01-11. The purpose of this amendment is to increase the reimbursement for outpatient surgery services effective July 1, 2001. The increase is based on additional funds allocated by the 2001 Regular Session of the Louisiana State Legislature.

Based upon the original submission and the additional information that you provided, transmittal number 01-11 is approved effective July 1, 2001. A copy of the HCFA-179, Transmittal Number (TN) 01-11 dated September 18, 2001 is enclosed along with the approved plan pages.

If you have any questions, please contact Joe Reeder at 214-767-4419.

Sincerely,

Calvin G. Cline  
Associate Regional Administrator  
Division of Medicaid and State Operations

Enclosure



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE OF LOUISIANA

Attachment 4.19-B  
Item 2.a., Page 1

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:**

**CITATION**

42 CFR

447.321

Medical and Remedial

Care and Services

Item 2.a.

**OUTPATIENT HOSPITAL SERVICES**

**Clinical diagnostic laboratory services** are reimbursed at the lower of :

- 1) billed charges;
- 2) the State maximum amount for CPT codes (based on annual Medicare rates); or
- 3) Medicare Fee Schedule amount.

**Outpatient surgeries** are reimbursed at :

- 1) the State maximum amount for those procedures on the State fee schedule available in the Provider Manual; or
- 2) for those procedures not on the State fee schedule, the maximum rate paid on the State fee schedule as of July 1, 2001 (State fee schedule available in the Provider Manual).

**Rehabilitation services (physical, occupational, and speech therapy).** Rates for rehabilitation services are calculated using the base rate from fees on file in 1997. The maximum rates for outpatient rehabilitation services are set using the State maximum rates for rehabilitation services plus an additional 10%.

SUPERSEDES: TN- LA 00-43

STATE <u>Louisiana</u>	A
DATE REC'D <u>9-27-01</u>	
DATE APPV'D <u>11-13-01</u>	
DATE EFF <u>7-1-01</u>	
HCFA 179 <u>LA 01-11</u>	

TN# LA 01-11 Approval Date 11-13-01 Effective Date 7-1-01  
Supersedes  
TN# LA 00-43